

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90039 047 ****61.25

0071615

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 738511

1. Corporation Name

SEA PINES CRUISE AND FISHING CLUB, INC.

Principal Place of Business

7817 GULFWAY
 HUDSON FL 34667-4004

Mailing Address

7817 GULFWAY
 HUDSON FL 34667-4004



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

03/30/1977

4. FEI Number

59-1727367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

HIMEBAUGH, THOMAS
 7335 SOUTHWIND DR.
 HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name
 Nuzzo, Mark
 82 Street Address (P.O. Box Number is Not Acceptable)
 7518 Yachtsman Dr.
 83
 84 City
 Hudson FL 85 Zip Code
 34667

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Mark Nuzzo*
 Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-8-99
 DATE

OFFICERS AND DIRECTORS

TITLE	CSD	<input type="checkbox"/> DELETE
NAME	REED, KAY	
STREET ADDRESS	7502 YACHTSMAN DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HIMEBAUGH, THOMAS	
STREET ADDRESS	7335 SOUTHWIND DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	REED, ERNEST DR.	
STREET ADDRESS	7502 YACHTSMAN DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WARNER, CATHERINE	
STREET ADDRESS	7422 YACHTSMAN DR	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JENNINGS, JOAN	
STREET ADDRESS	15616 DONZI DR	
CITY-ST-ZIP	HUDSON FL	
TITLE	RCD	<input type="checkbox"/> DELETE
NAME	FARRELL, JACK	
STREET ADDRESS	6905 SOUTHWIND DR	
CITY-ST-ZIP	HUDSON FL 34667	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Judy Farrell	
1.3 STREET ADDRESS	6905 Southwind Dr.	
1.4 CITY-ST-ZIP	Hudson, Fl. 34667	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nuzzo, Mark	
3.3 STREET ADDRESS	7518 Yachtsman Dr.	
3.4 CITY-ST-ZIP	Hudson, Fl. 34667	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Nuzzo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99
 Date
 (727) 863-0985
 Daytime Phone #

CR2E037 (11/98)